

(307) 527-7511

1338 RUMSEY AVENUE P.O. BOX 2200

CODY, WYOMING 82414

APPLICATION PROCEDURE CONTRACTOR'S LICENSE CITY OF CODY

- 1. Fill out the application completely, leaving no blank spaces. Put "NA" (not applicable) if a section does not apply to you. Write your telephone number next to the space for your address. The application **MUST BE NOTARIZED.**
- 2. You must provide a minimum of <u>5 WRITTEN LETTERS OF</u>

 <u>RECOMMENDATIONS</u>. Four (4) of which must be experience related and one (1) must be financial. Work related letters <u>MUST</u> establish a length and type of work experience or a complete resume showing length of service at what capacity, including names of employers that can be contacted for verification.
- 3. The fees for the different categories are listed below. Add to each license fee \$50.00 for processing the application.

Category	Cost of License	Processing
Class "A" General Contractor	\$100.00	\$50.00
Class "B" Limited Contractor	\$100.00	\$50.00

4. Proof of adequate insurance must be on file with the City of Cody before the license is issued and before permits can be written. The minimum insurance are listed below:

\$500,000 BODILY INJURY AND \$500,000 PROPERTY DAMAGE INSURANCE REQUIRED. Ordinance no 2005-08 provides for and requires all contractors as defined in section 7-13 of Chapter 7, Buildings, of the Cody City Code to furnish a public liability insurance policy in the amount of \$500,000 and a property damage liability insurance of \$500,000 prior to the issuance of a contractor's license.

CONTRACTOR QUALIFICATIONS

CLASS "A" GENERAL CONTRACTOR

An applicant for a general contractor's license shall provide proof of four (4) years experience as a general contractor, journeyman carpenter, architect, engineer, or other work qualifying him or her to work as a general contractor. The applicant shall show proof of passing the GENERAL CONTRACTING (BUILDING CONSTRUCTION) EXAMINATION of the Wyoming Trades Certification program as sponsored by the Wyoming Association of Municipalities.

CLASS "B" LIMITED CONTRACTORS:

ELECTRICAL CONTRACTOR:

An applicant for an electrical contractor's license shall show proof of a valid State of Wyoming electrical CONTRACTORS LICENSE and the MASTER OF RECORD MUST BE PROVIDED.

PLUMBING CONTRACTOR:

An applicant for a plumbing contractor's license shall show proof of FOUR (4) YEARS experience as a JOURNEYMAN PLUMBER. The applicant shall show proof of passing the MASTER PLUMBING EXAMINATION of the Wyoming Trades Certification Program as sponsored by the Wyoming Association Of Municipalities.

HEATING. VENTILATION & AIR CONDITIONING CONTRACTOR:

An applicant for a heating, ventilation & air conditioning license shall show proof of FOUR (4) YEARS experience as a JOURNEYMAN SHEET METAL MECHANIC. The applicant shall show proof of passing the MASTER HVAC EXAMINATION of the Wyoming Trades Certification Program as sponsored by the Wyoming Association of Municipalities.

ALL OTHER CLASS "B" LIMITED CONTRACTORS:

An applicant shall provide proof of THREE (3) YEARS experience in the area of applicable work. i.e. ROOFING CONTRACTOR, SIDING CONTRACTOR, MOVING AND DEMOLITION CONTRACTOR, SIGN INSTALLERS, etc.

All applications shall be approved by the City of Cody Contractors' Board. <u>NO</u> license will be issued without the approval of the Licensing Board. The City of Cody Contractors' Board meets once a month to consider license applications. Meetings are scheduled for the last Thursday at 12:00 noon. Applications to be considered must be submitted to the Building Official ten (10) days in advance of a scheduled meeting. Applicant must attend the meeting and be prepared to answer any questions about the application. (Verify meeting location) If there aren't any applications or if a holiday conflicts, the meeting may be canceled.

Application Fee:	License Fee:
CITY OF C Contractors' License Preq	
•	
Company Name:	Date:
Address:	E-mail:
	Telephone:
Name of Principals (Including Positions and Local Rep	presentatives)
	Corporation
	Partnership
_	Sole Proprietor
License Category:Specific A	Area of Work:
1. Have you previously applied for a license in Cody?	When?
Good Until:	
2. How long has your organization been in business?_	
Under this name?Other name	nes?
3. List experience and/or qualifications which apply to	
4. Have you ever filed bankruptcy or failed on any fin	ancial obligations?
If so, give specifics:	
ir so, give specifics.	
5. List specific projects and owners your organization	has completed in the past three (3) years. Must
give address and phone number:	

6. Have you or other principals failed to complete any work awarded to you?

If so, where, when, and why?

7. Which of the following de	o you have a	and mainta	ined sufficiently t	to comply w	vith all Fede	ral, State,
and Local laws?						
Federal Tax Number:	Yes:		No:	Num	ber:	
State Sales Tax License:	Yes:		No:	Num	ber:	
Workmen's Compensation:	Yes:		No:	Num	ber:	
Public Liability and Property	Damage:	Comp	any:			
		Numb	er:			
8. Are you familiar with the	codes and re	egulations	in Cody concerni	ing your wo	rk areas?	
9. List five (5) references (e	xperience an	nd financia	l). Give address a	and phone r	numbers:	
Note: Letters of recommend	lation (4 exp	erience an	d 1 financial) mus	st accompar	ny this state	ment for
consideration of contractors'	license.					
10. Name and address of Ma	aster License	e where ap	plicable:			
The above are true and accur	rate to the be	est of my k	nowledge and bel	lief. Refere	nces may be	e verified. I
am aware that any false state	ments shall	void this a	pplication.			
·		me of Orga				
		C				
	By:					
Subscribed and sworn before	e me this		day of		,2	20
(Seal)						
My commission Expires			Notary Public			
, and I						
Chairman of the Board			Approve	<u>,</u>	Denv	
Chairman of the Dome				-		
-						

WORK HISTORY

Please provide your work history to establish your minimum required time. Begin with your most recent employer first. List all positions you have held. Account for all the time between your first And last construction related employment listing whether the work done was construction related or not.

Employer Name	Address	Phone Number	Position Held and Primary Duties (i.e. project mgr, superintendent	Time Worked Mo./Yr. Thru
			Foreman carpenter, laborer, etc.)	Mo./Yr.

If you need additional space, please attach a separate page.